



LAQUIERE LAW FIRM, LLC

November 3, 2008

Via Facsimile (803-896-5199)

Janice Schmieding Public Service Commission PO Drawer 11649 Columbia, SC 29210

2008-419-E

RE:

File Name: Oleen Bros., Inc. (No License- 00797 YR)

File Number: 080176

Dear Janice:

I am writing to inform you that this law firm will be representing Oleen Moving with regards to its application process for the 58-23-40 certificate. I will call you tomorrow around 11:30 so that we may speak further regarding this matter.

Thank you.

Sincerely,

LAQUIERE LAW FIRM, LLC

EBL/jm

NOV 0 6 2008

PSC SC DOCKETING DEPT.

FORM C-EF

1.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE **COLUMBIA, SOUTH CAROLINA 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS	E (HHG)	
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DATE October 15, 20 08

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Name under which business is to be conducted (corporation, partnership, or sole

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

2.	(a) Street Address of Applicant 853 Quail DR. Charleston, SC 29
	(b) Mailing address, if different from street address
· ••••	(c) Telephone Number 843-343-3874 Fed. ID
3.	If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outsid of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4.	(a) If a partnership, names and addresses of all persons having an interest in the business.(b) If a corporation, names and addresses of two principal officers will be sufficient.
	Joshua H. Oken 100°/.

- (b) Class F Contracts are included herewith.

6.	The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith.
7.	The proposed list of equipment is as per Exhibit "D" included herewith.
8.	Applicant proposes to operate service applied for as follows: (Check one) (a) Intrastate Only(b) Interstate Only
9.	IMPORTANT! If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission before application will be accepted. Annual report form attached for your convenience. If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.
10.	Is applicant certified to provide intrastate transportation of household goods in another state? Yes No(Check one). If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11.	Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? Yes No(Check one) If yes, list dates and nature of convictions below.
12.	Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state? Yes No (Check one). If yes, list dates and reason for revocation below.

BALANCE SHEET	Balance at Time Application is Filed: Month: October Year: ユロロ
Assets:	1
Cash	2.000
Receivables	1500.5
Real Estate	7-
Buildings and Equipment-Net	
Motor Vehicles-Net	4.000
Garage Equipment-Net	4,000
Machinery and Tools-Net	
Supplies on Hand	500.00
Prepaids and Other Assets	
Total Assets	8,000,0
TOTAL ASSETS	0,000
Liabilities and Equity:	
Accounts Payable	2,000.~
Notes Payable	2.000.00
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	-
Other Liabilities	-
Total Liabilities	4,000
Capital Stock	_
Retained Earnings	
Total Equity	
Total Liabilities and Equity	4,000.00
4. Applicant is familiar with the provision of S.C.	Code Ann., §58-23-10, et seq. (1976), and amendments
	ne Commission's Rules and Regulations for Motor Carrier
	through 38-503 of the Department of Public Safety's Rule
• • • • • • • • • • • • • • • • • • • •	S.C. Code Ann., 1976) and amendments thereto, and
hereby promises compliance therewith.	
ΓΕ OF SOUTH CAROLINA,]	
NTY OF Charleston	
Joshua H. Oleen	Owner

set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 1011 How Mor Mor Red

This the 1244 day of October 2008

(Notary Public) (Notary Public) (Signature of Applicant's Representative)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

OLEEN BROTHERS INC.,

a corporation duly organized under the laws of the State of South Carolina on March 18th, 2003, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of November, 2008.

Mark Hammond, Secretary of State

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STATE OF SOUTH CAROLINA SECRETARY OF STATE

44444

ARTICLES OF INCORPORATION

FILED

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MAR 1 8 2003

TYPE OR PRINT CLEARLY IN BLACK INK			SECRETARY OF STATE
t,	The name of the proposed corporation is	Oleen Brothers Inc.	OLGALIANI DE SIAJE

The initial reg		sistered office of the corporation is	1040 Rock-N-Creek Road		
		•	Street Address		
	sville	Lexington	South Carolina	29070	
City		County	Sinte	Zip Code	
and I	he Inilia	tradictored egent at much address :	Business Five se V		
9 ,10 (me initig	registered agent at such address it	Pohl N	nernational, Inc., Mark Sch.	
	! here	by comeant to the appointment as			
	.,		Aleman adeut of the	corporation:	
		Agebro's Signa	lua.	4	
		- Agency Signa	WLD.		
The c	onocrati	to senada eussi oj bezitadtua el no	that as follows . O	Slada dada m. m	
is app	olicable:	The state of the s	STOCK BE IOIOME! COM	piete 'a' or 'o', whichaver	
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A,	X)	The corporation is authorized to	ssue a single class of	shares. the intal number	
		of sheres authorized is 2,000	······································	The last the	
b.	13	of bezhoribe si noterogram ent	Ssue more that one cli	HSR of sharee	
		Class of Shares			
		Clear of Ottal 88	Autho	rized No. of Each Class	
			•	_	
					
The	ا الله				
within	B Class.	ht, preference, and limitalions of th are as follows:	e shares of each class	, and of each series	
	•				
The ex	delence	of the corporation shall begin as of	the filma date with the	Specializes of State and a	
		of the corporation shall begin as of is Indicated (Sea Section 33-1-230)	the filling date with the (b) of the 1876 South (Secretary of State unless Carolina Code of Laws.	
	istence red date nedod) _		the filing date with the (b) of the 1876 South (Secretary of State unless Carolina Code of Laws,	
88 am 6	ended)'_		o) of the THYE South (Carolina Code of Laws,	

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAXEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

NOV 0 7 2008

03~015733CC

BECRETARY OF STATE OF SOUTH CAROLINA

6 .	∏he n	name, address, and signature of each incorporator is as follows (only one is required):
	a.	Business Filings Incorporated, Incorporator Mark Schiff, AVP
		Name R025 Frankling Dr. Calendon Rolling Na.
		8025 Excelsior Dr. Suite 200, Madison, W1 53717
		Signature
	ь.	-
		Name
		Address
		Signature
	c.	
	.	Harrie
		Address
		Signatura
		- Control of the cont
7.	ا المراجعة	s, certify that the corporation, to whose articles of incorporation this certificate is allowed.
	nas cor	npiled with the requirements of Chapter 2. This continued to strained,
		1 1:1
Dale _	14th day	of March,
		Derrox Chartanza
		Type or Print Name
		Address & //Kija St
		<u>_</u> _
		Lack Hell S. 29732
		<u> 503-366-6050</u>
		Telephone Number

Olcen Brothers Inc.

Name of Corporation

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649 COLUMBIA, SC 29211

Ole	en Mou	ring			
		(APPI	LICANT)		
853	2 Quil	Da.	Charleston	Sc	29412
			DRESS)		

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

2 man crew Travel fee	\$ 85.00 per hour with 2 hour minimum
3 man crew Travel fee	\$105.00 per hour with 2 hour minimum
4 nan crew Travel fee	\$130.00 per hour with a hour minimum

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649 Columbia, South Carolina 29211

Oleen M	(Name)
853 Quail De. Charlesto	(Address)
Over Irregular Routes:	
Commodities to be Transported:	
Household Goods, As De	fined in R. 103-210(1):
Area to be Served: (List counties in detail)	
Charlesten County	
Berkley County	
Dorchester County	
	(Applicant) Joshya H. Oleen By
Date: 10-15-7008	Joshy H. Oleen
	Title

Rev. 12/03

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

MAKE	MODEL & YEAR	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *	
SUZU	NPR 2002	JALB48148)	17065112	7,00016/1	12,000 16s
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•					
• \$	leats if nassenger carr	ier or tonnage if freigh	t carrier		
	odis ii pussongoi odii				
			Oken Movin (Applicant)	19	· · · · · · · · · · · · · · · · · · ·
Date:	10-15-08		John H. C	oleen A	KH.R
		(Applic	ant's Representati	ve)	
			Ouner (Title)		

INSURANCE QUOTE

The following insura	nce quote is for:	
	(Name of Motor Carrier)	
	(Name of Motor Carrier)	
853 Qu	ail De. Charleston, SC 29412 (Address of Motor Carrier)	
	(Address of Motor Carrier)	
Amount of Premiu	Limits Quoted (See Below):	
Liability Insurance	\$ 2/61.00 Limits 750,000	
Cargo Insurance	\$ 390.00 Limits 5,000	
* Attach Certificate	s of Insurance if available.	
is familiar with the G	(Insurance Company Name) K. F.L. Cocy (rek SC 29455 (Home Office Address of Company) Commission's Rules and Regulations relating to insurance requirements and the above mum insurance limits prescribed. The insurance company making this quote is uth Carolina Department of Insurance to do business in South Carolina.	
10-15-2008	Donna	
Date	(Authorized Insurance Company Representative)	
Regulatory Staff (www.regulatorys Goods carriers as Vehicle Liability Vehicle Liability Cargo - For los For loss of or definition of the control of the cont	H Certificates of insurance are required to be filed with the Office of ORS). Transportation regulations are accessible on the ORS website taff.sc.gov). The schedule of minimum insurance limits for Household relisted below: If or vehicles less than 10,000 lbs. GVWR - \$500,000 per incident of or vehicles 10,000 lbs. or more GVWR - \$750,000 per incident of or damage to property carried on any one motor vehicle - \$2,500 amage to or aggregate of losses or damages of or to property occurring ad place - \$5,000	at
any one time al	Rev 5/07	

HI, oleenmoving Sign Out All-New Mail Make Y! My Home Page More Yahoo! My Yahoo! Mall **WEB SEARCH** Search Answer to receive a **Does Sarah Palin** FREE* Dinner for Two at Chili's® No Yes **Have More Experience** *with completion of program requirements Click Here Now \$2008 Your Gift Central com *must complete 1 offer Than Obama? What's New? Mobile Mail Options Mail Contacts Calendar Notepad Search Mail Search the Web Check Mail Compose Mark as Unread **Print** Previous | Next | Back to Messages Best card for rebuilding credit Spam Move... **Delete** Reply Forward **Mail Accounts** Wednesday, October 22, 2008 7:57 PM RE: Donna oleenmoving.com From: "goosecreek@ctlowndes.com" <goosecreek@ctlowndes.com> yahoo.com To: oleenmoving@yahoo.com **Folders** [Add - Edit] Josh, The cargo will run 390, additional premium to your commercial auto insurance. Inbox (21) Your present policy is for 100,000 combined single limit and costs 1306. Drafts (6) To increase to 500,000 would be \$1836 (plus the 390 cargo if you want it.) = 2226. To increase to 750,000 would be \$2161 (plus the 390 cargo if you want it.) = 2551. Sent I have not made these changes. Per your request I am sending you the prices and you Spam (20) [Empty] will advise. Trash [Empty] Thanks Josh. Donna [Hide] My Folders Disclaimer - Insurance Policies/Coverage cannot be bound or Sent Items changed by email. Written or verbal confirmation from a licensed agent is required. Search Shortcuts My Photos Goose Creek Office My Attachments 843-553-1011/843-824-6013 fax **ADVERTISEMENT** From: Josh Oleen [mailto:oleenmoving@yahoo.com] Sent: Tuesday, October 21, 2008 8:45 AM To: goosecreek@ctlowndes.com Subject: Donna Donna, This is Josh Oleen, we spoke yesterday about adding cargo insurance, I also need a quote on vehicle liability for 500,000 per incident and \$750,000 per incident. Regards, Josh Oleen Oleen Brothers Inc. 843-343-3874 --- On Thu, 10/2/08, goosecreek@ctlowndes.com < goosecreek@ctlowndes.com>

EXHIBIT FWA

Name:	Oleen Moving				_	
Addre	ss: 853 Quil Or. (harleston	, Sc 29	412	-	
<u>Teleph</u>	Telephone No. 843-343-3874 Fax No. 843-225-7045					
<u>U.S.D.</u>	O.T. No. I	CC No.			-	
1.	Does Applicant have a Safety Rating f					
	Yes No Pending (If "yes", indicate rating and provide c	C	onditional			
2.	Have any of Applicant's drivers or veh officers in the past twelve (12) months	icles been plac ?	es "out of servi	ce" by Transport P	olice safety	
	Yes No					
3.	Are there currently any outstanding judgment Yes No (If "yes", indicate nature of judgement		inst Applicant?			
4.	Is Applicant familiar with all statutes a motor carrier operations in South Card these statutes and regulations? Yes No	nd regulations, lina and does a	including safe pplicant agree	ty regulations, gove to operate in compl	erning for-hire iance with	
5.	Is the Applicant aware of the Commiss associated therewith? Yes No (The attached Insurance Quote form in discretion of the Commission, a copy of copy of insurance policies unless requirements.)	nust be complet of current insur	ted, listing curr	ent insurance prem	niums. At the	
	-	(Applica	nt's Signature)			
At <u>/(</u>	Sworn to before me	7				
_This _	244 day of Oct., 2008					
Comm	Notary Public 4/1014 ission Expires:					

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHEC	K THE	APPROPRIATE BOX
YE\$	$\overline{\checkmark}$	NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHEC	K THE APPROPRIATE BOX
<u></u> ✓ YES	NOT APPLICABLE

APPLICANT'S OATH

Justina H. Oleen, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Notary Public

con et 0/24/con

Signature of Applicant

(Mot Legal Representative)